

REPORT EVALUATION FORM

1. SPONSOR'S OFFICE:
2. INFORMATION REQUEST DATE:
3. TARGET SITE IDENTIFICATION:
4. PROJECT NUMBER:
5. SOURCE NUMBER:
6. REPORT NUMBER AND DATE:
7. VALUE OF INFORMATION (select one):
 - / / a. Major Significant Value (Narrative comment required; cite specific information in the report which was of value.)

 - / / b. Valuable (Narrative comment required; cite specific information in the report which was valuable and why it was of value.)

 - / / c. No Value (see Item 8, below)
8. REASON INFORMATION IS OF NO VALUE (select one only):
 - / / a. Too Fragmentary
 - / / b. Duplicative
 - / / c. Untimely
 - / / d. Not Responsive to Tasking Cited

END

9. DEGREE OF REQUIREMENT SATISFACTION (select one only):

/ / a. Completely Satisfied

/ / b. Partially Satisfied

/ / c. Not Satisfied At All

10. COLLECTION GUIDANCE (mandatory unless Item 9a, above, is checked; detail specific information you require to satisfy your requirement):

11. REMARKS (optional)

12. EVALUATOR'S NAME:

13. EVALUATOR'S OFFICE SYMBOL:

14. DATE EVALUATED:

15. ORIGINATOR OF REQUEST FOR INFORMATION:

16. (Signature of evaluator) _____.